

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000002176

1. Entity Name
OBLADT INVESTMENTS, L.L.C.

Principal Place of Business

14031 WEST HARDY
HOUSTON TX 77060

Mailing Address

14031 WEST HARDY
HOUSTON TX 77060

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

76-0576020

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RABOUD, RON
2706 REW CIRCLE, SUITE 100
OCOE FL 34761

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

200004161562--4
-05/08/01--01041--005
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME GINN, KELLY R
STREET ADDRESS 14031 WEST HARDY
CITY-ST-ZIP HOUSTON TX 77060

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME RABOUD, RONALD J
STREET ADDRESS 2706 REW CIRCLE, SUITE 100
CITY-ST-ZIP OCOEE FL 34761

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME COX, LAWRENCE E
STREET ADDRESS 2706 REW CIRCLE, SUITE 100
CITY-ST-ZIP OCOEE FL 34761

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME GINN, A.R.
STREET ADDRESS 10943 NORTH SAM HOUSTON PKWY, WEST
CITY-ST-ZIP HOUSTON TX 77064

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Change ☒ Addition
NAME DICKINSON, WAYNE
STREET ADDRESS 14031 WEST HARDY
CITY-ST-ZIP HOUSTON, TX 77060

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Kelly R. Ginn 04/17/01 281/445-8535

APPROVED
AND
FILED

01 APR 24 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E083 (11/00)